



Committee on Dental Auxiliaries

2005 Evergreen Street, Suite 1050, Sacramento, California 95815
 P 916.263.2595 F 916.263.2709 | www.comda.ca.gov

APPLICATION TO ACTIVATE / INACTIVATE LICENSE

Please print or type legibly

Name of Licensee	License Number
Mailing Address	Phone Number
	Social Security Number

☐ I wish to **ACTIVATE** my RDA/RDAEF/RDH/RDHEF/RDHAP license. Attached are copies of the Certificates of completion for the required continuing education (CE) units that have been taken within the last two- (2) years. CE units accumulated on and after January 1, 2006 must include at least 80% of the units in Category I subjects, which are, courses in the actual delivery of dental services to the patient or the community, including 2 units in infection control, 2 units in the California Dental Practice Act (no longer just "California Law") and a course in basic life support as approved by the American Red Cross or the American Heart Association. No more than 20% of the required units may be in Category II subjects, which are other courses directly related to the practice of dentistry.

I have enclosed my current **original INACTIVE pocket license** as required.

☐ I wish to **INACTIVATE** my RDA/RDAEF/RDH/RDHEF/RDHAP license. I understand that I may **NOT** perform any duties that require a license until my license is reactivated.

I have enclosed my current **original ACTIVE pocket license**, as required.

☐ I have enclosed the required \$25.00 fee for the replacement of my pocket license.

I certify under penalty of the laws of the State of California that the above is true and correct.

Signature and Date (REQUIRED)

INFORMATION COLLECTION AND ACCESS

Agency requesting information: Department of Consumer Affairs, Committee on Dental Auxiliaries,
 2005 Evergreen Street, Suite 1050, Sacramento, CA 95815 (916) 263-2595.

The information in this application is mandatory and is maintained by the Executive Officer in accordance with the Business and Professions Code, Division 2, Chapter 4, Section 1600 et seq. The information requested will be used to activate or inactivate a license. Failure to provide all or any part of the requested information may result in the application being rejected as incomplete.

Any known or foreseeable interagency or intergovernmental transfers, which may be made of the information, when necessary, are other federal, state and local law enforcement agencies.

Each individual has the right to review personal information maintained on that person by the agency, unless the records are exempt from disclosure.

FOR OFFICE USE ONLY

DATE PROCESSED:

POCKET LICENSE REQUESTED: